PRINCETON THEOLOGICAL SEMINARY

"MODELS FOR MORAL DECISION-MAKING: NEGOTIATING WITH DEATH"

Submitted to:

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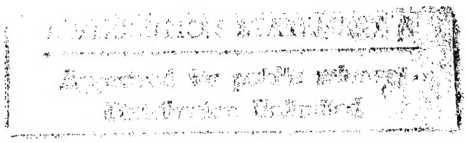


I. INTRODUCTION

This project explores four Christian models for moral decision-making and one decision-making model for public policy. Each model explicates the relationship that exists between the model's theological underpinning, concept of human life and death, and resulting ethical decisions. Each model is applied to several medical circumstances that directly relate to prolonging or ending a patient's life. The term, negotiating with death, is used to refer to these circumstances. Specifically, this project examines the topics of abortion, refusal of life-sustaining treatment, euthanasia, suicide, physician assisted suicide, and benign neglect of defective infants. This project also distills many complex discussions into a format that allows easy contrast and comparison. Implicitly, the argument is made that no single model for moral decision-making is adequate for the Church Universal.

A. MODELS FOR MORAL DECISION-MAKING

The four Christian models utilized in this project represent a significant, although not comprehensive, portion of contemporary biomedical discussion that is taking place within the Church. These models serve as an introduction to pertinent biomedical issues, explanation of relative factors for moral decision making and source of comparison for others models not represented. The models of this project were selected because of their uniqueness, clarity, and common usages. A fifth model is provided in this project that reflects the contemporary secular conversation concerning public policy. This model is presented to provide insight into secular bio-ethics, as well as, demonstrating the tension that exists between public policy and Christian ethics.

B. DEFINING TERMS

The following describes how certain terms are used in this project. Several terms

presented in this project are discussed in a manner not in accordance with the more common usages. Limitations have been placed on these terms in order to provide clarity and reduce redundancy.

1. ABORTION

Throughout this project, the term abortion refers to clinical abortions preformed by medical personnel on healthy mothers. Spontaneous abortions or miscarriages, abortions to prevent the death of the mother and the like are not discussed in this project.

2. REFUSAL OF LIFE-SUSTAINING TREATMENT

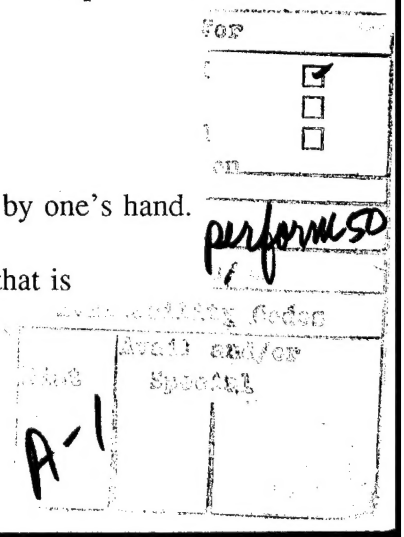
This phrase refers to a competent patient rejecting a recommended treatment that is medically considered to be life-sustaining. Frequently, the phrase "refusal of life-sustaining treatment" is used as a shortened form of both withdrawing as well as withholding such treatment.

3. EUTHANASIA

Euthanasia is a very broad term, but for this project, euthanasia will refer to the withholding or withdrawal of life-sustaining treatment to a post-competent patient with the desired purpose of letting the patient die. Euthanasia also refers to prescribing and administering high dosages of medication to either a competent or post-competent patient for the purpose of relieving pain, while acknowledging that such dosages may hasten the patient's death. Other forms of euthanasia are discussed separately.

4. SUICIDE AND PHYSICIAN ASSISTED SUICIDE

Suicide is being defined as the deliberate, voluntary taking of one's life by one's hand. Suicide is included in this project as a biomedical issue and reflects a practice that is



becoming common among the terminally ill. Physician assisted suicide refers to the practice of a physician either providing the means for a patient to commit suicide, or administering a drug for the express purpose of aiding the patient in committing suicide. Other lethal means can be used instead of medication to end the patient's life.

5. BENIGN NEGLECT OF DEFECTIVE INFANTS

The shortened phrase "benign neglect" refers to the practice of withholding various levels of treatment including hydration and nutrition from newborns with congenital defects for the purpose of hastening death.

6. BIOLOGICAL DEATH

Throughout this project, reference is made to biological definitions of death. This project groups biological definitions of death into three clusters. The first cluster is comprised of definitions that are based on heart and lung function. This group is referred to as the most conservative definitions of death. The second cluster consists of definitions based on entire brain function. This group would include the Harvard Medical School Ad Hoc Committee's definition of brain death. The term, "whole-brain-oriented definitions of death" refers to this second cluster. The final cluster consists of definitions of death that involve some aspect of cerebral function. This term, "higher-brain-oriented definitions of death" refers to the third cluster.

II. AN ABSOLUTE LAW MODEL

Those who employ an absolute law approach to ethics believe all live under a moral law that is applicable to all people at all times (universal). For some, this universal moral law is based on pronouncements of God found in scripture. For others, human reason or the

notion of common humanity provides the source of moral law. Ethics is then understood in terms of duty and obligation as outlined or required by moral law. The absolute law ethicist seeks to determine moral action by deducing from law, right behavior. Often systems of casuistry are utilized to apply the law to specific situations. Casuistry is defined as a system of "reasoning which enables a [person] to decide in a particular case between apparently conflicting duties."[1] These conflicting duties are the result of competing laws. Therefore, casuistry can also be seen as an ordering or prioritizing of a body of law.

H. Richard Niebuhr's synecdochical symbol the "[person] as citizen" offers insight into the deontological approach to ethics. Neibuhr writes:

> As a symbol it represents the use of a special experience for the interpretation of all experience, of a part for the whole. We come to self-awareness if not to self-existence in the midst of mores, of commandments and rules, Thou shalts and Thou shalt nots, of directions and permissions. Whether we begin with primitive man with his sense of themis, the law of the community projected outward into the total environment, or with the modern child with father and mother images, with repressions and permissions, this life of ours, we say, must take account of morality, of the rule of the mores, of ethos, or the laws and the law, of heteronomy and autonomy, of self-directedness and other-directedness, of approvals and disapprovals, of social, legal, and religious sanctions. This is what our total life is like, and hence arise the question we must answer: 'To what law shall I consent, against what law rebel?'[2]

Niebuhr's words point out the relationship that exists between common experience and worldview. People are born and come to self-awareness as citizens in the midst of pre-existing laws. If this common experience is understood as the primal human experience, it can lead to a deontological worldview, the umbrella under which the absolute law model

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[1]Chambers English Dictionary (New York: Chambers Cambridge, 1988), pp. 222-223. brackets added.

[2]H. Richard Niebuhr, The Responsible Self: An Essay in Christian Moral Philosophy (New York: Harper and Row, 1963), pp. 52-53.

exists.

In this project, Francis A. Schaeffer's ethics is used to explore an absolute law model. Much of the presentation of Schaeffer's model is based on his book Whatever Happened to the Human Race? The former Surgeon General under President Ronald Reagan, C. Everett Koop, co-authored this book.

A. THEOLOGY

Four aspects of Schaeffer's theology are pertinent for his decision-making model. First, Schaeffer's theology clearly fits Donald K. McKim's description of a Fundamentalist.[3] Schaeffer understands the core teachings of Christianity as the five core teachings of the Fundamentalist Movement. These teaching are: "(1) the inerrancy of scripture, (2) the deity of Christ, (3) the substitutionary atonement of Christ, (4) Christ's bodily resurrection and (5) Christ's literal (premillennial) second advent."[4] The most significant of these doctrines, for Schaeffer, is the inerrancy of Scripture. Schaeffer holds a very high understanding of revelation and believes in the Fundamentalist notion of the verbal, infallible, unlimited inerrancy of the Bible.

The second pertinent feature of Schaeffer's theology is Schaeffer's understanding of the priority of Genesis. Under the subheading "The Importance of Genesis," Schaeffer argues that the early chapters of Genesis provide the foundation for all human history, as well as, providing the means for ascertaining the significance of history. Schaeffer writes:

> The early chapters of Genesis are so important. These chapters give the

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[3]Donald K. McKim, The Bible in Theology and Preaching: How Preachers use Scripture (Nashville, TN: Abingdon, 1994), pp. 52-62.

[4]Ibid., p. 56.

> history that comes before anything that secular historians have been able to ascertain, and it is this presecular history which gives meaning to mankind's present history. . . For this reason we can say that in this sense the early chapters of Genesis are more important than anything else we could have. . . All the information given by the Bible flows out of the information given in the early chapters of Genesis. If we are to understand the world as it is and ourselves as we are, we must know the flow of history given in these chapters. Take this away and the flow of history is lost. Take this away and even the death of Christ has no meaning.[5]

The third pertinent feature of Schaeffer's theology is his notion of warring worldviews. In much the same manner as the cosmic dualism motif seen in ancient apocalyptic writings, Schaeffer discusses Western Culture in terms of a social dualism. In Western Culture, Schaeffer finds two master worldviews distinguished by their sources of ultimate authority. The Christian worldview is based on an understanding of God as ultimate authority. This God has been revealed through scriptures, the life of Christ and the Protestant Reformation. The second worldview is labeled humanism. For the humanist, ultimate authority is human reason, as defined during the Enlightenment. Much of Schaeffer's work is based on exposing the evil effects of humanism. One of the most devastating effects of humanism is that it causes people to devalue human life. Most of Western Culture, caught in the worldview of humanism, has come to accept increasingly more blatant forms of killing. This rapid digression began with the legalization of abortion. Schaeffer writes, "Of all the subjects relating to the erosion of the sanctity of human life, abortion is the keystone. It is the first and crucial issue that has been overwhelming in changing attitudes toward the value of life in

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[5]Francis A. Schaeffer, Whatever Happened to the Human Race? in The Complete Works of Francis A. Schaeffer: A Christian Worldview vol. 5, book 3 (Westchester, IL: Crossway Books, 1984), pp. 387-388.

general."[6] In another place, Schaeffer writes, "We fear the attitude of the medical profession in sanctioning abortion and in moving inexorably down the road from abortion to infanticide and finally further on to what might be unthinkable today but acceptable in a very few years--such as a widespread euthanasia program."[7]

The fourth pertinent feature of Schaeffer's theology is his hermeneutic of suspicion. Schaeffer's knowledge of Western history and culture is extensive. Schaeffer's presentations of that history and culture is replete with his interpretation of why certain events and trends have taken place. Frequently, Schaeffer finds linkage between diverse elements of society. This linkage is used to reveal a master force at work, sin. All of humanity is fallen. Because of humanity's fallen nature, people are frequently blinded to the truth of their motives and actions. Schaeffer believes that a Christian worldview allows one to identify the evil that has been covered-up with human reason, good intentions, and social acceptability.

B. LIFE AND DEATH

Schaeffer's understanding of human life is based on the notion of the imago Dei found in Genesis. Schaeffer writes:

> The Bible gives an account of man's origin as a finite person made in God's image, that is, like God. We see then how man can have personality and dignity and value. Our uniqueness is guaranteed, something which is impossible in the materialistic system. If there is no qualitative distinction between man and other organic life (animals or plants), why should we feel greater concern over the death of a human being than over the death of a laboratory rat? Is man in the end any higher?[8]

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[6]Ibid., p. 293.

[7]Ibid., p. 345.

[8]Ibid., p. 383.

From these rhetorical questions, Schaeffer argues that most, even those greatly influenced by humanism, do acknowledge human life as a higher form of life. People have this knowledge based on generations of experience. Modern science is not able to rightly posit this notion since it views life as the product of chance and later evolution. Schaeffer insists that the history, not allegory, of the first three chapters of Genesis is the only explanation for the notion of human life as a higher form of life. Schaeffer concludes, "Anyone who kills a person is not just killing another member of the same biological species, but one of overwhelming value, one made in the image, the likeness, of God."[9]

While Schaeffer has much to say in regards to human life as a reflection of the imago Die, Schaeffer has little to say concerning biological definitions of life and death. Schaeffer does refer to "natural death" as the desired end to biological life.[10] Schaeffer also believes that life begins at conception.[11] Finally, Schaeffer argues that new advances in medical technology have not created the need for new understandings or definitions of death.[12] From these three ideas, it can be concluded that Schaeffer would probably feel comfortable with the most conservative medical definitions of death. It seems clear that Schaeffer would reject any of the brain definitions of death including the cluster of whole-brain-oriented definitions.

C. THE MODEL

Before presenting Schaeffer's model, it is important to make two points about

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[9]Ibid., p. 388.

[10]Ibid., p. 331.

[11]Ibid.

[12]Ibid., 332.

Schaeffer phraseology. First, Schaeffer prefers the term "proposition" to the term law. The term law has unique significance in the Bible and some biblical laws are not applicable to the Christian Church. The notion of biblical propositions reflects the authority of all scripture and not just the portion that is labeled law. Secondly, Schaeffer translates the Sixth Commandment as "thou shall not kill." Schaeffer is well aware of the debate that surrounds the translation of the Hebrew word rasah. Many would contend that rasah might better be translated murder. Murder implies that under certain circumstances, the taking of a human life is permissible. Schaeffer avoids this notion by using the term kill which implies that the taking of any human life is illicit.

Schaeffer's model for decision-making is based on the Sixth Commandment, "Thou shall not kill," and its correlate, the sanctity of all human life, born and unborn. These propositions take priority over most, if not all, other propositions. Schaeffer finds his notion of the sanctity of human life in the first chapter of Genesis. For Schaeffer, this placement adds significance to the proposition. It also allows Schaeffer to avoid a common criticism of absolute law models, which is based on their failure to provide a clear method for prioritizing the laws. With this as a starting point, employing Schaeffer's model becomes a fairly simple task for most of the negotiating with death issues. In Schaeffer's model, if an action intends the killing of a human it is illicit.

1. ABORTION

Schaeffer's discussion of abortion is extensive. He dedicates much of his discussion to reasoning with those of the pro-abortion (pro-choice) community. Schaeffer does not address the issue of autonomy or choice. Ultimately, Schaeffer employs his decision model

and attempts to discern if fetal life equates to human life? Schaeffer finds only twenty-three chromosomes in both the human sperm and ovum. Left to themselves, neither would develop into a human, though they are both potentially human. However, united to form a single-celled fertilized egg with forty-six chromosomes, a human life will be produced. Therefore "viable or not, the single-celled fertilized egg will develop into a human being unless some force destroys its life. . . After conception, no additional factor is necessary at a later time. All that makes up the adult is present as the ovum and sperm are united."[13] Schaeffer concludes that abortion is killing and therefore immoral.

2. REFUSAL OF LIFE-SUSTAINING TREATMENT

On the issue of refusing life-sustaining treatment, Schaeffer writes:

> To use nonreligious terms, the issue is motivation. It is his motivation or intent that a physician must keep uppermost in his mind. He must constantly be aware of the wonderful uniqueness of human life. Of course, at times he faces difficult decisions. Once he believes that the technical gadgety he is using is merely prolonging the experience of dying, rather than extending life, he can withdraw the extraordinary means and let nature take its course, while keeping the patient as comfortable as possible. This is what physicians have done for years, in the realm of trust between patient and physician or between the patient's family and the physician. That is truly 'death with dignity,' and no mere manufactured euphemism for euthanasia.
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> This is not the question being debated today, however. It is not doctors with a biblical view of life who are debating the cases in which death is imminent and inevitable. Rather, it is a whole new breed of medical and paramedical personnel for whom the issues goes much further. With these individuals, the intent is to advocate the death of a patient either by directly killing him, or by doing nothing when there could be given help and support that would result in life--even though the circumstances might be difficult. This, ironically, is called "mercy killing."[14]

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[13]Schaeffer, p. 298.

[14]Ibid., p. 333.

This discussion reveals the potential for a physician to withdraw or withhold life-sustaining treatment if: (1) death is imminent, (2) the treatment is considered extraordinary and (3) the physician's motivation is based on a biblical worldview. At this point Schaeffer's hermeneutic of suspicion enters and he suggests that the licit withholding of life-sustaining treatment must be consistent with practices of the past, that is, prior to the contemporary discussion. Clearly, the same could be said of a patient refusing life-sustaining treatment. If the above criteria are meet, the patient may discontinue medical treatment, which at its best is fragile and fallible. For Schaeffer, this is death with dignity.

3. EUTHANASIA

Based on the above, those who make decisions to withhold or withdraw life sustaining treatment must examine their motives to determine if the action is moral. If the intent is to kill the patient, the action is immoral. If death is imminent, the treatment is extraordinary, and the intent is to surrender to the dying process, the action is not immoral. The same could be said concerning the administration of high dosages of pain medication. While the potential may exists that the patient may die from these drugs, as long as the intention is not to kill, the action is licit.

For many, the worldview of humanism has masked their true intentions. Schaeffer is hesitant to endorse many of the contemporary examples of euthanasia. Schaeffer is concerned that the real intention might be to kill the patient.

4. SUICIDE AND PHYSICIAN ASSISTED SUICIDE

In Schaeffer's model, suicide as described in the introduction, is categorically prohibited. However, refusal of life-sustaining treatment need not be considered suicide, if

the intent is not to kill. Physician assisted suicide is also categorically prohibited. It is a reflection of our society's acceptance of increasingly more blatant forms of killing.

5. BENIGN NEGLECT

In his discussion of benign neglect, Schaeffer never explicitly provides the exception he presented for the competent adult patient refusing life-sustaining treatment. He argues around the exception and thus, implicitly acknowledges the potential for benign neglect. Because of the trend in our society to devalue those in the early stages of life, Schaeffer advocates that hospitals adopt an attitude of saving life at any cost.[15] By avoiding a discussion of his model's exception, Schaeffer is able to advocate treatment even in the face of inevitable death. Schaeffer considers the withholding of hydration or nutrition to be especially immoral.[16]

D. ASSESSMENT OF THE MODEL

Schaeffer's model has several strengths. First, it is easy to utilize. Even under the most difficult circumstances, few contextual elements must be considered in order to assess if an action is licit. Second, Schaeffer's model is consistent in its judgments, all killing, direct or indirect, active or passive, is illicit. Actions that result in natural death are acceptable, if the motivation is not to kill. Schaeffer's model also underscores the notion that moral action can require personal difficulties and sacrifices. Caring for a child with a congenital defect might be very trying, but it can also reflect the most moral option.

The most striking weakness of Schaeffer's model is its simplicity. Although Schaeffer

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[15]Ibid., p. 318.

[16]Ibid., p. 319.

presents his model in the midst of exhaustive research and sophisticated argumentation, his model fails to consider certain segments of life. For example, the model has no means of reordering the propositions in light of changing circumstances. There is also no means for considering special cases or exceptions. The Greek notion of epikiea, the bending of the law in order to exact justice, is completely absent. In addition, Schaeffer's model can also produce very cruel results. In the Karen Quinlan case, Schaeffer is unable to factor-in the pain and suffering of Karen and the Quinlan family. Instead, Schaeffer's model forces him to look for evidence of the motivation of the Quinlan family in requesting that Karen be restored to her natural state. Schaeffer concludes that killing Karen is the real intention of the family. Schaeffer also links Karen's persistent vegetative state to her use of drugs and alcohol, implying Karen reaped what she sowed.[17] Finally, Schaeffer is unable to dialogue with those who do no possess a Christian worldview. While Schaeffer is well versed in Western Culture, he is unable to given secular culture a fair hearing. Schaeffer's hermeneutic of suspicion gives him a jaundiced eye. This can be seen in his discussion of withdrawing life-sustaining treatment. The criteria Schaeffer presents does not vary significantly from that of others he opposes. However, Schaeffer is suspicious of the arguments of his opposition. While the opposition is often sincere in their statements, unbeknown to them, humanism has clouded their judgment.

E. OTHER EXAMPLES

Lewis Smedes, is one of the more noted Christian ethicists that utilizes an absolute law model. Unlike Schaeffer, Smedes looks at that law as both restricting one action and

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[17]see Schaeffer, pp. 333-335.

requiring another. On the Sixth Commandment Smedes writes, "If the command forbids A, it must require the opposite of A; and since helping someone live is the opposite of causing them to die, the command against killing must require that we help people live."[18] Smedes' model is not as cruel as Schaeffer's. Smedes is able to advocate helping people live over exposing the motive of killing. Even with this change in emphasis, Smedes ultimately agrees with many of Schaeffer's conclusions.

Immanuel Kant is the most noted secular moral philosopher that utilizes the absolute law model. Kant's model is founded on his categorical imperative which Kant states as "I ought never to act except in such a way that I can also will that my maxim become a universal law."[19] (In another place, Kant states his categorical imperative as "One must act to treat every person as an end and never as a means only."[20]) Kant died before the most recent revolution in medical technology, but contemporary Kantian ethicists have employed his model to address the negotiating with death issues. The results have varied.

III. A RULE TELEOLOGICAL MODEL

Niebuhr assigns the symbol, the "[person] as maker" to explore the teleological approach to ethics. Niebuhr writes, "The most common symbol has been that of the maker, the fashioner. What is man like in all his actions? The suggestion readily comes to him that

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[18]Lewis B. Smedes, "Respect for Human Life: 'Thou Shalt Not Kill'," in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), p. 148.

[19]Immanuel Kant, The Critique of Practical Reason Lewis White Beck trans., (New York: MacMillan, 1985), pp. 18-19.

[20]Immanuel Kant, Foundations of the Metaphysics of Morals Lewis White Beck trans., (Indianapolis, IN: Bobbs-Merril, 1959), p. 37.

he is like an artificer who constructs things according to an idea and for the sake of an end."[21] Telos is the Greek word that denotes the end or fulfillment of an object or action. Those ethicists that look to the end or result to an action to determine if the action is moral are employing a teleological approach to ethics.

Traditional Roman Catholic moral theology offers an example of a rule teleological model for moral decision-making. Traditional moral theology has many features of both a teleological ethics and a deontological ethics. As a rule teleological ethics, traditional moral theology seeks to determine the will of God through a teleological worldview and then develops or discerns laws that function deontologically. For this reason, some classify traditional moral theology as a deontological model. Pope John Paul II's encyclical entitled: Euthanasia is a primary source for the presentation of this model. In addition, excerpts of the Pope's most recent encyclical, Evangelium Vitae (Gospel of Life), and Pope Paul VI's Humanae Vitae (of Human Life) serve as secondary sources.

A. THEOLOGY

Several features of traditional Roman Catholic moral theology (also known as moral philosophy) are pertinent for this project. First, traditional moral theology has an affinity for natural law. Charles Curran writes, "Catholic ethical theory and its application have traditionally embraced a natural law methodology in their approach to moral questions."[22] This affinity can be traced to Aristotle, but most Roman Catholic theologians cite Ulpian and Thomas as sources of the contemporary influence of natural law. Traditional moral

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[21]Ibid., p. 46.

[22]Charles Curran, Directions in Fundamental Moral Theology (Notre Dame, IN: University of Notre Dame Press, 1985), p. 119.

theology's reliance on natural law allows for the both/and understanding of nature and grace. In traditional moral theology, one is able to discuss truth by invoking both reason and nature, as well as, grace and revelation. Natural law provides the model with its theological feature.

Roman Catholics acknowledge three sources of authority: the canon, the confessions and creeds, and church leadership. Unlike Protestantism, the canon is not given preeminence over the other sources. Instead, traditional Catholic theology is a product of the interplay of these three sources. In conjunction with these three sources is a notion of universality and infallibility. While all the teachings of the Church are aimed at developing doctrines that are universal, few teachings hold the status of actually being universal. Those teachings that are universal are considered infallible. Since most teachings are not infallible, a hierarchy of certainty has been developed to classify each teaching. Individual Roman Catholics, under certain conditions, can exercise personal conviction and object or refute the fallible teachings. (It must be noted that some fallible teachings carry the punishment of excommunication.)

In the encyclical Euthanasia, a clear principle of is presented along with three corresponding rules. The principle concerns the value of human life and reads: Human life is "a loving gift from God, which [one] must preserve and render fruitful." From this principle, three rules are presented:

> 1. No one may attack the life of an innocent person without thereby resisting the love of God for that person; without violating a fundamental right which can be neither lost or alienated and therefore, without committing an extremely serious crime.
> 2. All human beings must live their lives in accordance with God's plan. Life is given to them as a possession which must bear fruit here on earth but which must wait for eternal life to achieve its full and absolute perfection.
> 3. Intentional death or suicide is just as wrong as is homicide. Such an action by a human being must be regarded as a rejection of God's

supreme authority and loving plan.[23]

A forth feature of traditional moral theology is the notion of double effect. Moral theology realizes that many actions have both good and evil consequences. The notion of double effect justifies an action that is performed with good intention while resulting in both good and evil consequences. A clear example of this is the patient that has life-saving surgery that result in permanent sterilization. The intention of the surgery was to save life, but the resulting sterilization is a necessary evil. Here, moral theology's affinity for absolute law can be seen.

B. LIFE AND DEATH

"Human life is the basis of all values; it is the source and indispensable condition for every human activity and all society."[24] This statement from Euthanasia coupled with the principle stated above, reveals a very high understanding of human life. Human life is sacred, to be preserved, and to be rendered fruitful. Biological definitions of death are not presented in the encyclical. In other writings, Roman Catholic theologians have acknowledged a whole-brain definition of death, but reject the higher-brain-oriented definitions.

C. THE MODEL

Of all the Christian models for moral decision-making, the traditional moral theology model is the most explicit. Through Papal pronouncements, official doctrines are widely

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[23]John Paul II "Euthanasia: Declaration of the Sacred Congregation for the Doctrine of the Faith" (May 5, 1980) in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), pp. 441-442.

[24]Ibid., p. 441.

published. Justifications and discussions of moral decisions are also widely promulgated. This process makes this model easy to employ.

1. ABORTION

Abortion as defined in this project is "always objectively wrong." In Evangelium Vitae, the Pope reiterates the Church's position that abortion is illicit. The encyclical states, "the mere possibility of harming, attacking or actually denying life in these circumstances is completely foreign to the religious and cultural way of thinking of the people of God."[25] While abortion is objectively wrong, the Pope advocates compassion for those who received an abortion to protect "her own health or a decent standard of living for her other family members. . . "[26]

Of interest is the language used in the encyclical. In a similar manner to Schaeffer's warring worldviews, the Pope speaks of two antithetical cultures, the culture of life and the culture of death. To combat the culture of death the Pope warns that those Jews and Christians who advocate choice in regards to abortion share in the sin of destroying human life. Politicians are also called upon to advance the culture of life. Politicians "cannot separate the realm of private conscience from that of public conduct."[27]

2. REFUSAL OF LIFE-SUSTAINING TREATMENT

The encyclical Euthanasia upholds the earlier Church teaching that extraordinary means can never be obligatory, however, the notions of "proportionate" and "disproportionate"

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[25]Kenneth L. Woodward, "The Pope Versus the 'Culture of Death'," Newsweek , 10 April 95, p. 59.

[26]Ibid.

[27]Ibid.

means is considered more suitable language for the discussion. The new language reflects a process that takes "the type of treatment, its degree of difficulty and danger, its expense, and the possibility of applying it"[28] and weighs those factors against expected results.

Concerning ordinary means or proportionate treatment, Roman Catholics can reject these treatments when death is imminent. In this situation, the motivation is to live a life in accordance with the will of the Creator, who has made death unavoidable. This illustrates the notion of double effect. The refusal of life-sustaining treatment is licit because the intention is to submit to the will of God.

3. EUTHANASIA

Decisions concerning euthanasia hinge on the notion of intention. In the case of a post-competent patient, treatment can be withheld if the intention is to submit to the will of the Creator, who has made death inevitable. A similar process can be used in regards to administering large dosages of pain medication to terminally ill patients. If the intention is to alleviate pain, and no other means exist, the action is licit.

In Humanae Vitae, the Pope is careful to separate these actions from mercy killing. "Aggressive medical procedures" need not be utilized to prolong the lives of the terminally ill, and drugs that reduce suffering can be administered even if they shorten life.[29] Again, the principle of double effect is in operation.

4. SUICIDE AND PHYSICIAN ASSISTED SUICIDE

Suicide, as described in the introduction, is always objectively wrong. In Euthanasia

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[28]John Paul II, p. 443.

[29]Woodward, p. 59.

suicide is given special attention, it states:

> Intentional death or suicide is just as wrong as is homicide. Such an action by a human being must be regarded as a rejection of God's supreme authority and loving plan. In addition, suicide is often a rejection of love for oneself, a denial of the natural instinct to live and a flight from the duties of justice and charity one owes one's neighbor or various communities or human society as a whole.[30]

Heroic sacrifice of one's life is not suicide.

Physician assisted suicide, as described in the introduction, is always objectively wrong. Both Humanae Vitae and Euthanasia vehemently condemn this form of active killing. In Humanae Vitae, physician assisted suicide is called a "crime against life."[31]

5. BENIGN NEGLECT

Benign neglect must be decided in much the same way as euthanasia. Intention must be discerned. The withholding of natural hydration and nutrition is illicit.

D. ASSESSMENT OF MODEL

This model has several strengths. Unlike Schaeffer's model, the ever changing context of the medical profession is considered, as well as, the financial burden, pain and suffering of the patient and the patient's family. As is true with the absolute law model, moral decisions are not always easy decisions, and often they are accompanied with sacrifice or suffering. This model also allows for the fact that some actions have both good and evil consequences. Finally, while many of the Papal pronouncements carry great authority, only a few are considered infallible. Personal conviction and conscience can be exercised in dissent.

In the previous strength, Curran sees a weakness, it is a weakness based on degree.

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[30]John Paul II, p. 442.

[31]Woodward, p. 58.

Traditional moral theology does allow for the exercise of conscience, but not to the level Curran believes is necessary. Curran in describing the experience of communicants writes, "the law spells out all one's moral obligations and conscience passively conforms to the existing law."[32] Curran readily acknowledges the teleological foundation of cannon law, but he is convinced that both in the language of recent encyclicals (including the Humanae Vitae) and the long tradition of a "manual understanding of morality [a reference to a deductive, casuistic approach]" reflect the deontological reality of traditional moral theology.[33] In addition, fallible pronouncements like the Humanae Vitae are solemn pronouncements of the Church's Ordinary Magisterium and are therefore binding and irreversible. Such restrictions do violence to the notion of conscience.

Lisa Sowle Cahill cites another weakness to the model. Cahill believes the notion of sanctity of life, upon which this model is founded, is inadequate. Cahill finds a tendency in moral theology to equate sanctity of life with sanctity of biological life. Cahill believes a more suitable understanding would be to consider the entire person, including spiritual aspect. The concept is an extension or re-interpretation of the medical notion of totality. In medicine, the amputation of a limb is possible because the principle of totality allows the loss of a limb for the benefit of the whole person (organism). Cahill writes:

> Because the Christian affirms the transcendence of full human personhood over sheer biological existence, life is for him never an absolute value, a value to be salvaged at all costs. Sometimes continued life does not constitute a good for a certain individual because it cannot offer him the conditions of meaningful personal existence. Sometimes the continued life of an individual is

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[32]Curran, p. 227.

[33]Ibid.

> incompatible with the preservation of other values which also claim protection."[34]

Cahill advocates that her principle of totality be utilized in Roman Catholic hospitals.

E. OTHER EXAMPLES

Two notable ethicists who employ similar models are Richard A. McCormick and Tom L. Beauchamp. McCormick is classified as a rule utilitarian by Curran. Curran bases this judgment on the fact that McCormick "has recently proposed that some norms (e.g. direct taking of innocent life, direct killing of noncombatants, difference between commission and omission as seen in so-called passive and active euthanasia) are teleologically established and yet are virtually exceptionless."[35] Curran goes on to state that McCormick's position is really a wedge position. These virtually exceptionless norms are possible because any exception would ultimately lead to greater evils than the good the exception could achieve.

Beauchamp is a secular biomedical ethicist and more rightly classified as a rule utilitarian. Beauchamp seeks to find rules that are justified by the principle of utility. Once these rules are established, Beauchamp is willing to invoke the rule even if the maximum utility benefit is limited by applying the rule. To illustrate this point, Beauchamp quotes Worthington Hooke, a nineteenth-century physician and rule utilitarian:

> The good, which may be done by deception in a few cases, is almost as nothing, compared with the evil which it does in many, when the prospect of its doing good was just as promising as it was in those in which it succeeded. And when we add to this the evil which would result from a general adoption of a system of deception, the importance of a strict adherence to the truth in

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[34]Lisa Sowle Cahill, "A 'Natural Law' Reconsideration of Euthanasia," in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), p. 447.

[35]Curran, p. 176.

> our intercourse with the sick, even on the ground of expediency, becomes incalculably great.[36]

IV. AN ACT UTILITARIAN MODEL

A major school of thought that falls under the rubric teleology is utilitarianism. John Stuart Mill, nineteenth-century philosopher, serves as one of the greatest prophets of utilitarianism. Mill sought to determine the morality of an action by exploring the resulting consequence. For Mill, the most moral action is the action that produces the greatest good or pleasure of the greatest number, or in some cases, the least evil. Since Mill and other utilitarian ethicists base their moral judgments on the consequences of an action, the term consequentialists is also assigned to utilitarians. Many establish a proportion of means to ends to determine the morality of an issue.

Duff identifies two common expressions of utilitarianism.[37] The first type is a rule utilitarianism. Here, the principle of utility is used to develop rules which can be applied to certain situations. The second expression of utilitarianism is an act utilitarianism. Those who employ such a model move directly from the principle of utility to human action.

Joseph Fletcher's situation ethics provides the example of an act utilitarian model. Many classify Fletcher's ethics as a contextual ethics based on the fact that Fletcher rejects the concepts of absolute law and antinomianism. In addition, Fletcher places priority on the uniqueness of a particular situation. However, Fletcher's own words place his ethics closer to utilitarianism than contextualism. In Situation Ethics, Fletcher declares that his ethics "takes

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[36]Tom L. Beauchamp and James F. Childress, Principles of Biomedical Ethics (New York: Oxford University, 1994), p. 51.

[37]Duff's lecture of 27 Sep 94.

over from Bentham and Mill the strategic principle of the greatest good of the greatest number."[38] As Duff points out, Fletcher replaces the pleasure principle of utilitarianism with his agape principle.[39]

A. THEOLOGY

The key to Fletcher's ethics is the notion of situation. Fletcher chose the term situation over contextual to distinguish his ethics from contextualists like Paul Lehmann. Lehmann uses the term context to refer to both subjective and objective circumstances. Fletcher wants to eliminate the subjective or ideological consideration. By situation, Fletcher is referring to "the objective set of circumstances within which the moral agent makes his decision" not "the subjective belief-system of the moral agent."[40]

Once Fletcher's notion of situation is understood, his ethics can be distilled to a simple principle. Fletcher writes: "The indispensable constituents of a moral act are, first that it has loving concern as its motive and second, that it has consequences appropriate to love as its intention" these constituents are "tailored to the concrete and particular situation."[41]

Fletcher makes six propositions for ethics based on his principle of agape. First, "only one thing is intrinsically good, namely love." Second, "the ruling norm of Christian decision is love, nothing else." Third, "love and justice are the same, for justice is love distributed,

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[38]Joseph Fletcher, Situation Ethics: The New Morality (Philadelphia, PA: Westminster, 1966), p. 95.

[39]Duff, p. 47.

[40]Joseph Fletcher and Thomas Wassmer, Hello Lovers!: An Introduction to Situation Ethics (Cleveland, OH: Corpus Books, 1970), p. 60.

[41]Ibid., p. 59.

nothing else." Fourth, "love wills the neighbor's good, whether we like him or not." Fifth, only the end justifies the means, nothing else." Finally, "love's decisions are made situationally, not prescriptively."[42]

B. LIFE AND DEATH

Fletcher sees three possible positions that can be taken in regards to human life. First, absolutist ethics understand life and death as "a divine monopoly, dependent on the will of God."[43] A second position Fletcher terms "anomic indifferent," where a morally neutral position is sought. The third position is a pragmatic situation ethics where life is sometimes good and death is sometimes good, both dependent on the situation. Life is not good of itself nor is death evil of itself.

More specifically, Fletcher has worked towards the development of his own definition of human life. In his early work, Fletcher reviewed a proposed list of twenty-one traits from the Hastings Center that were labelled, "Indicators of Humanhood." From that list, Fletcher was able to identify one "cardinal or hominizing trait upon which all the other human traits hinge."[44] That trait is neocortical function. Fletcher has invited scholars to dialogue with him on this subject. While this invitation has resulted in much discussion, Fletcher continues to hold to his notion that neocortical function is the human sine qua non.

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[42]Duff, p. 47.

[43]Joseph Fletcher, "Technological Devices in Medical Care" in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), p. 226.

[44]Joseph Fletcher, "Four Indicators of Humanhood: The Enquiry Matures,"in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), p. 275.

In an article entitled "Four Indicators for Humanhood: The Enquiry Matures" Fletcher presents a conversation with Michael Tooley of Stanford, Richard McCormick at the Kennedy Center, and an unnamed pediatrician at Texas Medical Center of Houston.[45] Tooley argued for the self-consciousness indicator. McCormick advocated a capacity for human relationships as an indicator. The pediatrician posited the notion of laughter or the ability to experience euphoria. Fletcher acknowledges the essential nature of each of these positions, but finds his notion of neocortical function as the common link between the other three indicators. Important to this discussion is the fact that all four of these indicators are consistent with the higher-brain-oriented definitions of death. All four indicators exclude groups of people who are breathing and considered biologically alive. For example, a newborn is not self-aware and a comatose patient is not able to maintain a relationship. By declaring such groups as not indicating humanhood, Fletcher is able to advocate their death without regard to a notion of right to life.

C. THE MODEL

Employing Fletcher's model is more complex than the previous models, since no action is intrinsically good or evil. Motives, goals, and consequences can be examined, realizing that under different circumstances, in different situations, it is possible to have a very different, equally moral conclusion.

1. ABORTION

In a discussion concerning abortion as a form of birth control, Fletcher concedes that "some methods of birth control may be morally better than others, but if so it will be because

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[45]see Ibid., pp. 275-278.

they are the most loving and creative and constructive means available."[46] Since this statement was made in reference to several forms of birth control including abortion, it is safe to conclude that as a form of birth control, abortion is probably less moral than other preventative methods, since it is usually, less loving and creative.

In regards to unexpected or unwanted pregnancies, Fletcher finds few, if any, situations in which caring for an unwanted child would be good. In regards to a rape victim, who was also a mental patient, Fletcher writes (speaking of all contextualists):

> They would in all likelihood favor abortion for the sake of the patient's physical and mental health, not only if it were needed to save her life. It is even likely they would favor abortion for the sake of the patient's self-respect or reputation or happiness or simply on the ground that no unwanted and unintended infant should ever be born.[47]

From these statements, it is clear that abortion, as previously defined, is licit for Fletcher, and represents the most moral choice in regards to unwanted pregnancies.

2. REFUSAL OF LIFE-SUSTAINING TREATMENT

In Fletcher's model, it is quite possible to justify a patient's refusal of life-sustaining treatment. Of course, this action would have to be an act of loving concern and the resulting consequence must also be consistent with the same principle. These requirements can easily be met, if one couches the discussion in the language of euthanasia and anti-dysthanasia.[48] By dysthanasia, Fletcher is referring to the pain, suffering, and burdensome treatment that is often an aspect of dying in a technological age. The avoidance of this method of dying is

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[46]Joseph Fletcher, Moral Responsibility: Situation Ethics at Work (Philadelphia, PA: Westminster, 1967), p. 123.

[47]Fletcher, Situation p. 39.

[48]see Fletcher, Moral Responsibility, pp. 141-160.

termed anti-dysthanasia. Anti-dysthanasia in most situations is consistent with the principle of agape, and can be deemed good.

3. EUTHANASIA

In Fletcher's model, euthanasia can frequently be considered morally good. This is especially so in the case of the post-competent patient. Fletcher's notion of death as neocortical death regards many that are in persistent vegetative states as not participating in humanhood. Ending such a patient's life is often consistent with the principle of agape. The notion of anti-dysthanasia is applicable concerning the competent patient that receives high dosages of pain medication resulting in death. Combating pain and suffering is consistent with the loving concern needed to deem an action good.

4. SUICIDE AND PHYSICIAN ASSISTED SUICIDE

Those who employ Fletcher's model could justify committing suicide under certain conditions. Fletcher would probably not object to the AIDS patient that commits suicide based on a notion of anti-dysthanasia. Fletcher finds the distinctions of active versus passive and direct versus indirect are not helpful. At times, physician assisted suicide is the most moral decision. Again, Fletcher would appeal to his notion of anti-dysthanasia. Fletcher finds no moral distinction between physician assisted suicide and suicide or direct killing and letting die. The consequence of an action deems an action as moral or immoral, not the means.

5. BENIGN NEGLECT

Fletcher's model permits benign neglect both as a matter of dysthanasia and also based on the notion that infants do not fully participate in humanhood. For example, an

anencephalic infant does not have neocortical function. Once again, this decision must be made based on the principle of agape.

D. ASSESSMENT OF THE MODEL

The most obvious strength of Fletcher's model is his emphasis on the principle of agape. By placing the demands of love at the center of his ethics, Fletcher is able to give priority to this New Testament principle. Fletcher is also able to consider all of the objective factors of a situation and tailor moral decisions to the unique situation in which they occur. A third strength of Fletcher's model is its ability to remain contemporary. Fletcher's ethics is not restricted by tradition or moral decisions of the past. Fletcher is free to address new issues without restraint.

Fletcher's critics are numerous. Duff finds it difficult to discern the significance of the context of faith for Fletcher "since reference to Christ is not a component essential to" Fletcher's ethics. Duff writes:

> Christology enters his argument only in the book's appendix. The principle of utilitarianism, not articles of faith, governs Fletcher's ethic. Fletcher himself admits that 'except for a stress of the normative of love,' which is always carefully defined as New Testament agape, he makes very little reference to any 'theological framework.' Situation ethics, he says, 'is not particularly Catholic, or Protestant, or Orthodox, or humanist. It extricates us from the odium theologicum.' Although Fletcher claims that we must ask 'What has God done?' in making Christian ethical decisions, in the final analysis that doesn't really seem to matter. In Fletcher's method agape is finally an independent concept divorced from incarnational theology .[49]

Duff's makes these comments in order to contrast Fletcher's ethics with Lehmann's. The case can be made that Fletcher's ethics can exists completely independent of Christianity.

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[49]Duff, p. 48. Duff's parenthetical references to Fletcher's Situation Ethics have been omitted.

Although Fletcher uses the New Testament notion of agape, this is not sufficient ground to proclaim Fletcher's ethics a Christian ethics

Additionally, Duff does not find the concept of a "necessary evil" in Fletcher's ethics.[50] Unlike traditional moral theology, Fletcher does not acknowledge the possibility that an action might have both good and evil consequences. If the action is the result of loving concern, the action is good.

Finally, Fletcher's model yields inconsistent decisions. In Fletcher's model, it is possible that two moral agents will arrive at two very different conclusions while making decisions in very similar situations. This critique is based on the fact that Christians interpret the demands of agape quite differently.

E. OTHER MODELS

Few contemporary Christian ethicists utilize an act utilitarianism model. The works of Jeremy Bentham and John Stuart Mill are frequently studied by seminarians from a variety of Christian traditions. Fletcher remains the most prominent Christian ethicist utilizing this model. J. J. C. Smart is the most prominent secular ethicist utilizing this model. While Smart is often classified as employing an act utilitarian, he sees his position as a third position between rule and act. Smart advocates a selective obedience to moral law. This selective obedience prevents the erosion of respect for moral law while also viewing law as nonbinding. For Smart, moral law stabilizes a moral life.[51]

V. CONTEXTUALISM

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[50]Ibid., p. 47.

[51]Beauchamp, p. 51.

Niebuhr uses the symbol of the "[person] as answerer" to explore contextualism. Niebuhr writes:

> In this situation the rise of the new symbolism of responsibility is important. It represents an alternative or an additional way of conceiving and defining this existence of ours that is the material of our own actions. What is implicit in the idea of responsibility is the image of man-the-answerer, man engaged in dialogue, man acting in response to action upon him. . . We try also to understand history less by asking about the ideals toward which societies and their leaders directed their efforts or about the laws they were obeying and more by inquiring into the challenges in their natural and social environment to which the societies were responding.[52]

Three features will be used to delineate contextualism. First, contextualists reject the notion of absolute laws or principles.[53] The reason for this rejection varies and at times it is contradictory. Duff points out that Karl Barth rejects absolute law because it emphasizes human autonomy, while Fletcher rejects absolute law because it denies human autonomy.[54]

A second feature of contextualism is its rejection of antinomianism.[55] Ironically, many have accused contextualists of being antinomians because of their rejection of absolute law. In reality, contextualists understand moral law as having a descriptive function. Some utilize laws as maxims that are readily available for general decision-making or public policy. None take the stance of antinomianism as seen in existentialism.

A third feature of contextualism is the priority it assigns to a particular situation or context. All contextualists find the uniqueness of the circumstances of a particular situation

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[52]Niebuhr, p. 56.

[53]Duff, p. 38.

[54]Ibid., p.40.

[55]Ibid.

to contain many relevant factors for moral decision-making. The interpretation and analysis of these factors may vary greatly among contextualists. Lehmann writes:

> Some contextualists have stressed the contextual importance of social relations and structures, others have stressed the self as a center of value, still others have stressed theological perspectives. Clearly each of these contexts affect differently one's interpretation of motives and goals, of values and virtues, of criteria and their application.[56]

Based on this criteria, Fletcher's situation ethics could be classified as a contextual ethics. Many have so classified Fletcher. As stated previously, Fletcher's substitution of his principle of agape for Mill's principle of utility separates Fletcher from the contextualists. Fletcher himself makes a distinction between his ethics and Lehmann's contextual ethics by utilizing the term "situation." Fletcher's use of the term situation reflects his notion that he utilizes only the objective factors of a situation and not the "belief-system of the agent."[57] Fletcher is able to move closer to the antinomian position than most contextualists since he divorces these subjective factors from the situation. Allen Verhey provides this project's contextual model for moral decision-making.

A. THEOLOGY

Verhey's theology appears to be greatly influenced by the work of Alasdair MacIntyre. MacIntyre believes the ethics that emerged from the Enlightenment is inadequate since it has divorced itself from the moral traditions that made it intelligible. For MacIntyre, ethics is dependent upon moral traditions and cannot be founded on rationality alone.[58]

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[56]Ibid., p. 37.

[57]Fletcher, Hello, p. 60.

[58]see Alasdair MacIntyre, After Virtue: a Study in Moral Theory (Notre Dame, IN: University of Notre Dame Press, 1983).

Verhey's theology contains three pertinent features for this discussion. First, Verhey believes there is a narrative quality to all human experience. Human experience is not a random cessation of unrelated events, but analogous to characters traveling purposefully through a novel, people move purposefully through life, writing their personal narratives. Verhey believes there are not only personal narratives, but collective narratives. These collective narratives are the stories of social, economic, professional and religious communities. Within these communal narratives, multiple personal narratives can be found.

A second feature of Verhey's theology is his emphasis on virtues. Verhey uses virtues to combine the moral agent's character to moral decision-making. Agents who have habitually demonstrated virtuous behavior in general circumstances are more apt to make suitable moral decisions in extraordinary circumstances. Virtues allow the moral laws and principles to function as maxims. There is also a sense that virtues positively alter the character of the agent. For Verhey, virtues are unique to a collective narrative and reflect the community's moral history.

Finally, Verhey places great value on the specific virtues of integrity, humility, and heroism. By integrity, Verhey is advocating that one's decision be consistent with the narrative that has been previously written. In other words, a person should be faithful to one's established self, one's character. The concept of integrity requires the answering of the question: "Which option or choice is consistent with who I have been and who I am becoming?" Humility is an acknowledgment of one's finitude and fragility. Every person or community is dependent upon others and ultimately on God. While the subjective experience exists that one is writing one's narrative, humility is an acknowledgment of the line from "the

'Heidelberg Catechism:' . . . I am not my own, but belong--body and soul, in life and in death, to my faithful Savior . . ."[59] Humility also requires the resisting of the temptation to write someone else's narrative. In addition, humility requires the submission of one's life to the grace that is available through others and ultimately God. Humility seeks to answer the question: "Which choice is the most beneficial to those upon whom I depend, and who also dependent upon me?" Heroism grows out of humility. Once one has submitted to the grace that is available through others, heroism becomes the courage that is required to "risk new beginnings, new stories, new lives, which are less ours than God's."[60] Heroism disposes one to participate in the brokenness of the world "for the sake of God's cause and someone's good."[61] Heroism requires the answering of the question: "Which option is consistent with God's will for the world?"

B. LIFE AND DEATH

Verhey clearly believes that human life is sacred and human death is evil. While Verhey holds this understanding, this notion does not serve as a first principle or moral absolute. Verhey writes:

> When medical technology is being used to sustain a life, but a life either full of pain or empty of capacity for human relationships, it may be morally appropriate to withdraw the medical technology--but it is not simply 'good.' A person should not choose either death or a lingering dying for someone else--but choose one must. The choice is not right or wrong, but right and wrong; not good or bad, but good and bad. The choice is tragic and irremediably

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[59]Allen Verhey, "Integrity, Humility, and Heroism: May Patients Refuse Medical Treatment?," in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), p. 469.

[60]Ibid., p. 470.

[61]Ibid.

ambiguous.[62]

Verhey allows for a moral decision that results in someone's death, but this decision is always tragic. Human life is sacred, but at times, other competing goods may lead to a decision to let die. In all such cases, whatever the resolution of the dilemma, the outcome is tragic. Verhey offers no biological definition of death, but would probably apply the definition that the context demands.

C. THE MODEL

Verhey's model does not lend itself to a systematic presentation. As is true for other contextualists, the context of a decision provides the primary factors for consideration. Verhey presents his model through case studies and biblical stories. To best access Verhey's model, an examination of his discussion of the death of Infant Doe is helpful.[63]

Verhey begins his discussion with a review of Mark chapter ten. In this pericope, the disciples attempt to restrict the children that wanted to see Jesus. Jesus gets angry with the disciples and commands that the children not be hinder from coming to him. In Verhey's interpretation of this story, the children (and the implied women with them) represent those of low social regard. The disciples' restriction upon the children represents the conventional wisdom of the day. The ultimate message is that God's kingdom provides unique significance to those who society rejects. This notion is consistent with Jesus's proclamation

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[62]Allen Verhey, "Sanctity and Scarcity: The Makings of Tragedy," in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), p. 654.

[63]see Allen Verhey, "The Death of Infant Doe: Jesus and the Neonates," in On Moral Medicine: Theological Perspectives in Medical Ethics Stephen E. Lammers and Allen Verhey eds., (Grand Rapids, MI: William B. Eerdmans, 1987), pp. 488-494.

that the last shall be first.

Verhey then shows the incorporation of this story into the post-resurrection, first century Church. He speculates that this story might have been used to advocate the baptism of infants or to teach the importance of child-like faith. Nevertheless, the story has been retold in various ways throughout the centuries and today it is being retold weekly in places of worship all over the world. In light of this story, Verhey presents the case of Infant Doe.

Infant Doe was born on April 9, 1982 in Bloomington, Indiana. Infant Doe was born with Down's syndrome and esophageal atresia. Down's syndrome is a fairly common genetic defect that is usually associated with various levels of retardation and some physical deformities. Esophageal atresia is an anomaly of the esophagus that prevents food taken orally from entering the stomach. Often patients with esophageal atresia choke when they receive food orally. The obstetrician discussed "benign neglect" with the parents as one of their options, and supported the parents when they selected that option. A consulting pediatrician, disagreed with the parents' decision and took the case to court. The case was heard first in a circuit court, but eventually was heard in the Indiana Supreme Court. The Supreme Court upheld the parents' decision. Infant Doe died on April 15. For six days nutrition was withheld. Verhey concludes that the parents' decision was morally wrong.

Verhey would consider the decision as tragic, but morally acceptable, if it involved choosing between competing goods or evils. The morally right decision would have been to perform surgery to correct the esophageal atresia. Verhey begins the justification for his position by examining the secular minimalism that relies on impartial rationality. While Verhey finds this approach to be inadequate, he believes it can be used to support his

judgment. Suppose two other babies had been born on April 9. If one of these children, Infant Smith, had been born with esophageal atresia but was otherwise normal, "benign neglect" would not have been offered as a treatment option. Surgery would have been performed to correct the esophageal atresia. If the second child, Infant Jones, had Down's Syndrome without the esophageal anomaly, Infant Jones would have received nutrition and hydration. Both Infant Jones and Infant Smith would be alive. Infant Doe is dead because of an irrelevant factor, Down's Syndrome. There are situations where benign neglect is a right, although tragic, moral decision. Infant Doe's case happens not to be one.

Verhey believes the impartial rationality model that was utilized to support Infant Doe's death is inadequate since it emphasizes who should make the decision and not what should be done. In addition, this model interprets "roles" as contractual relationships. There is also a reductive process that takes place in the impartial rationality model. In the impartial rationality model decision-makers are encouraged to alienate themselves from their moral interests, loyalties, histories, communities, and ultimately, their own sense of self for the sake of morality. Verhey writes, "The stories which we own as our own, which provide our lives a narrative and which develop our own character, we are asked by this approach to disown--and for the sake of morality."[64]

In regards to this case, the first task for Verhey is to ascertain how loving parents, a competent physician and a duly humble judge could agree on such a decision. Second, Verhey wants to see what effect the Christian story and specifically the story of Jesus and the children, could have had on this case. Verhey suggests a new title for the old story, "Jesus

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[64]Ibid., p. 491.

and the Neonates."

Beginning with the obstetrician, Verhey explores the stories and traditions of those involved in this decision-making process. Each had within their stories the resources needed to make a difference decision, a more moral decision. The obstetrician was trained in the tradition of the Hippocratic Oath. The Hippocratic tradition considers the benefit of the patient as the heart of the practice of medicine. Replacing the concept of the benefit of the patient with ethically neutral technology demonstrates the introduction of a new model, the marketplace model. Even though the Hippocratic tradition remains very fragile, it was accessible and this is demonstrated through the pediatrician that opposed the benign neglect. The nurses involved in this case were also true to their tradition of service and benefit to the patient. The nurses initially refused to participate in the non-treatment of Infant Doe. Verhey fears that the new model will lead to increase services to the rich at the price of reduction of services to the poor.

In a similar manner, the parents failed to access the resources that were available in the tradition of parental care. Simply stated, this tradition not only acknowledges that parents should care about their children, they should also provide care for their children. Like the medical profession, a new model has entered the parental narrative. Today parents are expected to product "perfect children." This new tradition is one aspect of a broader American narrative concerning the "good life."

The judge was also able to access more than one model from his narrative. Verhey cites at least two models concerning the treatment of those who are physically challenged. One model integrates them into "normal society" through ramps, special bathrooms, barrier-

free doors, and the like. The other model segregates the physically challenged from "normal society" because of the feeling of discomfort they evoke. Regrettably, the judge chose the latter model. The language used in discussing this case is itself a commentary on society. The term "defective infants," masks the fact that these are society's children.

All decision-makers could have accessed other models from their traditions, which would have resulted in a right decision. These other models were very fragile and diminished. The Christian story places the more moral models at the center of the narrative. This reduces the problem of accessing such models.

This case reveals the complexity of Verhey's model. It also clearly demonstrates Verhey's notion that moral obligation is transmitted through social roles or models. In other words, one's moral obligation towards one's neighbor is best understood in the context of a social narrative. Impartial rationality is not able to invoke the mutual caring Verhey's model requires.

This case only partially reveals Verhey's notion of virtues. In his article entitled "Sanctity and Scarcity: The Makings of Tragedy," Verhey provides a list of virtues that grow out of the medical tradition.[65] Truthfulness, humility, and care are all cardinal virtues for medical professionals. In addition, this case fails to demonstrate Verhey's concern for integrity, humility, and heroism. While Verhey does not critique this case in light of those virtues, implicitly these virtues enter into Verhey's assessment. Obviously the decision-makers in this case were not living consistently with the fragile more moral models of their traditions. They did not submit to those upon whom they were dependent, nor did they

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[65]see Verhey, "Sanctity," pp. 653-657.

acknowledge Infant Doe's dependency. Finally, they failed to show the courage that was needed to make a right decision.

1. ABORTION

Verhey's model does not prohibit abortion, but in most abortion situations, Verhey calls for the obligation that is revealed in the model (or role) of the caring parent. The legalization of abortion in the United States is founded on a principle of autonomy, which is an aspect of impartial rationality. Impartial rationality can only ask the question "Who should decide?" For Verhey, a "fuller account of morality would focus as well on substantive questions--on the question of 'what should be decided?'--and on questions of character and virtue--on the question of 'what the person who decides should be."[66]

2. REFUSAL OF LIFE-SUSTAINING TREATMENT

In an article entitled "Integrity, Humility, and Heroism: May Patients Refuse Medical Treatment?" Verhey reveals a gradation of moral judgment concerning a patient refusing life-sustaining treatment. In this article, Verhey discusses the movie "Whose Life Is It, Anyway?" The protagonist, Ken Harrison (played by Richard Dreyfuss), is a sculptor whose becomes a quadriplegic after an automobile accident. Throughout the film, Harrison argues for the right to refuse treatment and ultimately wins his case in a court of law.

Verhey finds this decision to be tragic. Harrison's decision was consistent with his established self. Harrison did not want to live a life where he could not sculpt. The fact that Harrison's decision was consistent with his established self made the decision a morally sound decision. However, this decision was not the most moral decision that could have been

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[66]Verhey, "Infant Doe," p. 491.

made. Harrison was not humble or courageous in this decision. Harrison could have submitted himself to the others in his life and ultimately to God. In doing so, Harrison might have discovered the courage to risk a new beginning.

Depending on the circumstances of a specific case, the decision to refuse treatment could be considered moral and at times the most moral decision. The particulars of the case would determine that assessment. In general, most cases would hinge on integrity, humility, and heroism.

3. EUTHANASIA

As discussed in the case of Infant Doe, Verhey's model does allow for tragic cases where euthanasia is the most moral decision. As seen in the case of Infant Doe, most euthanasia cases present opportunities for character development and affirmation of life. Again, a gradation of moral decisions are possible. This gradation includes decisions that are irremediably ambiguous.

4. SUICIDE AND PHYSICIAN ASSISTANT SUICIDE

Drawing from the assessment of the film "Whose life is it anyway?," suicide, when it is consistent with one's established self, is a morally sound decision. At the same time, it is also a tragic decision. In most cases, Verhey would call for a fuller moral account. Through integrity, humility, and courage, new lives can emerge out of the brokenness of the world. Suicide is one aspect of that brokenness.

In Verhey's model the primary role of physicians are to care for and promote treatment for the patient's benefit. Very few cases of physician assisted suicide can be considered as morally sound decisions. In those cases, the decision is always tragic.

5. BENIGN NEGLECT

As seen in the case of Infant Doe, benign neglect can be a tragic although morally sound decision. In those cases where death is not imminent, a fuller moral account would call for the utilization of the caring parent model.

D. ASSESSMENT OF THE MODEL

Verhey's model has several strengths. First, Verhey is able to advocate moral behavior that could not be legislated (this strength can also be a weakness). The role one has in a social narrative provides guidelines for moral behavior and obligation. Second, Verhey is able to provide degrees of moral behavior. Often several morally correct choices can be made when facing a moral question. Some of these options are more suitable than others. Verhey allows for these differences. Third, Verhey focuses on the character of the agent. At stake for Verhey is not only what should be done, but how will this decision affect the character of the agent. Forth, Verhey acknowledges that "when goods collide or evils gather" the outcome is always tragic. There are necessary evils and tragic circumstances in life. These circumstances reflect the brokenness of the world.

Verhey's model is complex and at times difficult to employ. In his effort to comprehensively consider the context of a decision, enormous amounts of information must be assessed. Second, Verhey's model is a communal model. While Verhey writes about the roles of secular professions, outside of the Christian Church there is little if any impetus to employ Verhey's model. Finally, Verhey's model cannot be codified. While Verhey provides important commentary on society, Verhey's morality requires acts of supererogation which can never be mandated.

E. OTHER EXAMPLES

Paul Lehmann and Stanley Hauerwas provide two popular examples of contextual models for moral decision-making. Hauerwas bases his model of a notion of the Church as the Peaceable Kingdom. Hauerwas does not attempt to provide a model for public policy, but calls for Christians to exemplify a higher moral standard. Duff, identifies three essential features in Hauerwas's ethics: character, vision, and narrative. Like Verhey, Hauerwas does not focus on the good deed, but focuses on the development of the good person. The locus for this development is the Church. Directly linked to character development is the notion of vision. The Church provides the believer with a worldview, a way of understanding life. This vision influences every aspect of a believer's life. Finally, narratives inform one of one's true identity. This is more important than regulating behavior. Therefore Hauerwas suggests that Christian convictions take the form of "a story, or perhaps better, a set of stories that constitutes a tradition, which in turn creates and forms a community. Christian ethics does not begin by emphasizing rules or principles, but by calling our attention to a narrative that tells of God's dealing with creation."[67]

VI. MODEL FOR PUBLIC POLICY

Richard M. Veatch provides this project's model for public policy. Veatch's work Death, Dying, and the Biological Revolution: Our Last Quest for Responsibility is the foundation of this presentation. The subheading "worldview" has replaced the subheading "theology."

A. WORLDVIEW

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[67]Duff, p. 59.

Veatch's worldview is greatly informed by the post-enlightenment notion of autonomy. Verhey's term impartial rationality can rightly be applied to Veatch's notion of autonomy. Self-determination, privacy, and the freedom to make and live by one's moral choices are paramount for Veatch. Much of what is written in the creeds of the United States both resonates and informs Veatch's perspective. Concerning public policy, Veatch finds the legislative protection of one's autonomy takes priority over any other moral concerns.

This is not to say that Veatch does not espouse one ethical approach over all others. As reflected in the title of his book, Veatch believes his ethics is an ethics of response, a type of contextual ethics. Specifically, Veatch is responding to ethical issues that have arisen out of the new advancements in medical technology. For example, Veatch believes our society has no suitable definition of death. This causes Veatch great consternation, for he believes that defining death is a moral imperative for a society. Veatch writes, "The concepts of life and death are essentially bipolar, threshold concepts. People should either be treated as living or they should not."[68] It is morally wrong to treat the living as if they were dead or vise versa. Nevertheless, Veatch is willing to subjugate his personal ethics to his ethics for public policy.

An example of Veatch subordinating his personal ethics to public policy can be seen in Veatch's discussion of active killing. Veatch compares the laws prohibiting active killing to the traffic rule to stop at red lights. Veatch writes:

> Consider the analogy of the 'red light rule.' It is really not necessary for every car to stop at every red light under every conceivable condition. One

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[68]Robert M. Veatch, Death, Dying, and the Biological Revolution: Our Last Quest for Responsibility (New Haven, CT: Yale University Press, 1989), p. 26.

> could cautiously continue through a red light if no car were in sight in order to save time. There can be no doubt that the rule 'always stop at every red light' is crude. A better one 'if it were followed scrupulously' might be 'stop and wait for every red light unless the road is clear.' Yet, obviously the rule 'stop unless the road is clear' will not work because too many mistakes will be made. It is better in the long run to follow the apparently less efficient rule, even if we occasionally waste time.
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> A similar situation applies in those cases where active killing of the dying might be morally justified.[69]

This willingness to submit one's personal ethics to public policy is a dominant feature of Veatch. This gives Veatch's ethics a deontological overtone. The prohibition of active killing acts as a deontological principle in Veatch's public ethics and takes precedence over all other principles except autonomy. This is true even though Veatch, in his personal ethics, finds justification for active killing in extreme cases.

Important to this project is Veath's five distinctions between action to end life and the simple avoidance of treatment. Veatch bases these distinctions on dominant ethical traditions in Western Culture. First, "actions and omissions are psychologically different."[70] This psychological difference may be the product of cultural conditioning, but the fact remains that in Western Culture, actions that directly result in death evoke more personal guilt than when death is the result of omission. Second, "active killing conflicts with the role of physician."[71] Patients seek out the services of a physician to preserve or enhance their lives. If physicians were actively involved in killing, the physician/patient relationship could be adversely affected. Third, "there is a difference in intent." Veatch cites Kant as the

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[69]Ibid., pp. 74-75.

[70]Ibid., p. 61.

[71]Ibid., p. 62.

originator of this distinction, however, the case can be made that religious communities have frequently cited intent as a means of determining culpability. Forth, "the consequences differ."[72] Veatch offers the example of the patient that has been incorrectly diagnosed and is believed to be facing imminent death. If the patient is allowed to refuse treatment, but is not actively killed, the consequence is different than if the patient is actively killed. Fifth, "killing is deontologically wrong."[73] Veatch's argument is plain, "active killing of another human being is a prima facie wrong-making."[74] Veatch is aware that this proposition has been greatly debated and for many it is very controversial. Veatch also admits that this proposition finds its roots in religious traditions such as Orthodox Judaism, Buddhism, Hinduism, and most of Christianity. The case can also be made that those secular philosophers that espouse this position have been greatly influenced by such religions. Regardless of its origin and its philosophical justification, the prohibition of active killing functions with near universal acceptance both in legal and religious systems.

Finally, it is important to consider Veatch's claim that modern medicine cannot be separated from the moral decisions that it makes; scientific facts cannot be isolated from the moral judgments needed to utilize those fact.[75] Veatch believes value judgments are involved at every stage of medical investigation. From the selection of a research project, to deciding which conclusions are reported, moral judgments are necessary. A second indication that

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[72]Ibid., p. 64.

[73]Ibid., p. 69.

[74]Ibid., p. 70.

[75]Ibid., p. 13.

medical technology is not pure science is the fact that medical technology has shifted the decision-making process from the populace to the experts. These indicators have lead Veatch to conclude that medical technology is not value-free but "value-disguising."[76]

B. LIFE AND DEATH

Veatch devotes much time to discussing and defining death. As stated previously, Veatch believes that the concept of death or defining death is fundamentally a moral concept. Throughout history, human societies have developed rites, rituals, procedures, and practices that are rendered upon the death of a member of the community. These practices ranged from taboos such as covering the corpse, to redefining the most basic elements of community. The reading of wills, the settling of estates, the dissolution of marriages and the transfer of parental or guardian responsibilities are all linked to the concept of death. To conduct such transactions while one is alive is offensive. To fail to conduct such transactions upon one's death is equally offensive. In this way, the need to define death is a moral imperative.

How a society treats the living and the dead is greatly complicated by medical technology. The thought of performing an autopsy on a living person or allowing a child to die because a corpse that could have been used for transplantation procurement was maintained on a ventilator are both equally repulsive. It is therefore necessary for a society to form some collective notion of death.

Veatch believes that an adequate discussion of death takes place on four levels.

> First, there is the purely formal analysis of the term death, an analysis that gives the structure and specifies the framework that must be given content. Second, there is the concept of death, which attempts to fill the content of the

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[76]Ibid.

> formal definition. At this level the question is: What is so essentially significant about life that its loss is termed death? Third, there is the question of the locus of death: Where in the organism ought one to look to determine whether death has occurred? Fourth, one must ask the question of criteria of death: What technical tests must be applied at the locus to determine if an individual is living or dead?[77]

Veatch finds only four possible concepts of death: (1) the irreversible loss of flow of vital fluids, (2) the irreversible loss of the soul from the body, (3) the irreversible loss of the capacity for bodily integration and (4) the irreversible loss of the capacity for consciousness or social interaction.[78] Veatch opts for the latter concept and ultimately ends with a higher-brain-oriented definition of death.

Although Veatch opts for a higher-brain-oriented definition of death, Veatch offers a range of definitions for public policy. Veatch develops his public policy by modifying the Uniform Determination of Death Act (1981) to read:

> An individual who sustained (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of cerebral brain function is dead. A determination of death must be made in accordance with accepted medical standards.
>
> However, no individual shall be considered dead even with the announced opinion of a physician solely on the basis of irreversible cessation of cerebral functions if he or she, while competent, has explicitly asked to be pronounced dead based on irreversible cessation of all functions of the entire brain or based on irreversible cessation of circulatory and respiratory functions. Also, unless an individual has, while competent, asked to have irreversible cessation of cerebral function used as a basis for pronouncing death or has asked that either irreversible cessation of the entire brain or irreversible cessation of the circulatory and respiratory functions be used, the legal guardian or next of kin may opt for any one of the alternative definitions.
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> It is further provided that no physician shall pronounce the death of any individual in any case where there is significant conflict of interest with his obligation to serve the patient (including commitment to any other patients,

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[77]Ibid., p. 16.

[78]Ibid., pp. 20-25.

> research, or teaching programs that might directly benefit from pronouncing the patient dead.)[79]

Veatch's recommendation for public policy takes into account the most conservative religious notions, soul being related to breath, and popular higher-brain-oriented definitions that maximize transplantation procurement. At the heart of Veatch's public policy is consideration for the patient's autonomy.

C. MODEL

Veath's model for public policy can rightly be called a minimalist ethics. Veatch advocates that the protection of the patient's autonomy take precedence over other concerns. Veatch also guards against the "slippery slope" argument through his deontological prohibition of active killing.

1. ABORTION

Veatch does not discuss abortion, but it is safe to conclude that since abortion is legal, it would also be advocated in Veatch's public policy. Veatch would base his advocacy on the principle of autonomy. The pro-choice position allows one to obtain or refuse an abortion. A second reason for projecting that Veatch would allow legal abortions in his public policy is the fact that the fetus has a questionable status in Veatch's model. Several of the definitions of death that fall within the range that Veatch advocates, classify the fetus as not exhibiting human life.

2. REFUSAL OF LIFE-SUSTAINING TREATMENT

Veatch strongly supports a patient's right to refuse treatment. Veatch's advocacy is

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[79]Ibid., pp. 57-58.

based on three concepts. (Two of these concepts are aspects of the principle of autonomy.) First, rendering medical treatment against a patient's wishes equates to assault. Veatch illustrates this point by reviewing the case of Jacob Dilgard, Sr. Dilgard was admitted to County Hospital in Nassau County, New York in 1962 with upper gastrointestinal bleeding. Dr. George Erickson, Dilgard's attending physician, brought a case to court against Dilgard since Dilgard had consented to surgery but refused blood transfusion. Dr. Erickson claimed the option of blood transfusion was needed to offer the best possibility for recovery. Judge Meyer decided in Dilgard's favor, basing his decision "on the premise that a doctor who performs an operation without the consent of a competent, conscious adult patient commits an assault."[80]

Veatch's second reason for supporting a patient's right to refuse treatment is based on the notion of self-determination. Veatch cites Kansas Supreme Court Justice Alfred Schroeder who writes:

> Anglo-American law starts with the premise of thorough-going self-determination. It follows that each man is considered master of his own body, and he may, if he be of sound mind, expressly prohibit the performance of life-saving surgery, or other medical treatment. A doctor might well believe that an operation or form of treatment is desirable or necessary, but the law does not permit him to substitute his own judgment for that of the patient by any form of artifice or deception.[81]

Veatch's third reason is based on his five distinctions between active killing and letting die. For Veatch there is a distinctive moral difference between refusing treatment, no matter how necessary to continue life, and active killing.

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[80]Ibid., p. 92.

[81]Ibid., p. 91.

3. EUTHANASIA

The withholding or withdrawal of life-sustaining treatment to a post-competent patient is allowed in Veatch's model. This is particularly so when the patient explicitly expressed such wishes while competent. For this reason, Veatch advocates that competent people draft advance directives and that every state upholds such documents.

For Veatch, the larger questions are "How will a patient's competency be determined?" "Who should serve as surrogate decision-makers when the patient's desires cannot be ascertained?" and "What counts as reasonable surrogate care?" As Verhey pointed out, in an impartial rationality model these questions take precedence over the questions of "What should be done?" and "How will certain options affect the character of the agent?"

4. SUICIDE AND PHYSICIAN ASSISTANT SUICIDE

Veatch is quite aware that many ethicists have concluded that suicide is immoral, but for public policy, Veatch relies on the fact that "there is no legal prohibition on suicide."[82] Veatch seems to contradicts his prohibition on active killing, but this is done in light of the higher principle of autonomy. As is true concerning abortion, there appears to be a built-in compromise in allowing suicide.

Veatch discusses the philosophical reason for a prohibition on suicide, however, he never considers the sanctity of life argument or Schaeffer's proposition that active killing leads to moral social decline. Veatch's argument is based primarily on the principle of autonomy and public law, which is restricted by the pragmatic problem of enforcement.

Veatch, opposes physician assisted suicide as acceptable public policy. Veatch bases

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[82]Ibid., p. 96.

this opposition on his five moral distinctions between active killing and letting die. Once again, Anglo-American law also greatly informs Veatch's position. Veatch's personal ethics could allow for physician assisted suicide. He offers the example of a bill that was introduced to the Idaho legislature in 1969. This proposed bill sought to legalize "Active Mercy Killing." The proposed bill was unambiguous in its provisions and allowed all terminally ill patients the option of assisted suicide. The bill provided a clear line of authority, which placed the patient as the primary decision-maker and surrogate decisions were excluded. There was an anticipatory character in the bill that allowed for ad hoc decisions throughout the patient's illness. These provisions seemed to be attractive to Veatch, but since the state of Idaho failed to pass this bill, Veatch also rejects physician assisted suicide for public policy.

5. BENIGN NEGLECT

For Veatch, the primary moral issue of benign neglect is the matter of decision-making for the never competent patient. For infants, no advance desires have been expressed and any projection of what the infant would want if the infant had the intellect of an adult is completely hypothetical. In such cases, Veatch advocates a bonded surrogate decision-maker, that is, a decision-maker who has a preexisting relationship with the patient. The moral justification for bonded surrogate decision-makers is difficult to establish, but is basically seen as an approximation of individual autonomy and can be understood as a diminished autonomy. As a matter of diminished autonomy, the surrogate is limited to reasonable decisions. (An autonomous individual could make unreasonable decisions that are protected by law.) Veatch acknowledges that most states allow bonded surrogates to make decisions to

withhold life-sustaining treatment to defective infants. The withholding of nutrition and hydration, especially oral nutrition and hydration is the most complex issue of benign neglect. States have varied in their judgments. Veatch ultimately relegates the decision to the bonded surrogate, acknowledging the interest of the family over the state.

D. ASSESSMENT OF THE MODEL

Veatch's awareness and sensitivity to various moral traditions is his greatest strength. A second strength is Veatch's range of acceptable definitions of death. Veatch's principle of autonomy is both a great strength and also a great weakness. As a strength, it allows for one to express moral preference even if that preference is not popular. Veatch's notion of autonomy also safeguards the patient from medical assault. A third is that it places the patient in the center of all decision-making.

As a weakness, the principle of autonomy does not take into account the communal concerns expressed by many Christian ethicists. Verhey's criticism warrants reiteration. Verhey believes the more substantial moral questions are not "Who should decide?" but "what should be done?" and "How will an action affect the character of the agent?" In addition, both Schaeffer and traditional Roman Catholic moral theology see linkage between abortion and our society's devaluing of human life. Veatch is unable to considered their concern, since it places one moral tradition over others. A second weakness of Veatch's model, is his acceptance of the Anglo-American legal system. Veatch only advocates laws that are refinements of common practices such as laws that recognize a patient's advance directive. Veatch never opposes an existing law by declaring it unjust. Finally, Veatch assumes that as he is willing to subordinate his personal ethics to public policy, others would also be willing

to do the same. The recent activism by both the religious right and the religious left are examples of large numbers of Christians who are not willing to subordinate their ethics to public policy.

VII. IN CONCLUSION

The primary purpose of this project was to present a cross-section of the various approaches to Christian bio-ethics, to provide means for contrast and comparison, and to demonstrate the relationship that exists between worldview and one's model for moral decision-making. In addition, a model for public policy was presented. This model offered insight into secular bio-ethics. It also revealed the tension that exists between the various Christian models and public policy.

The application of these models to those medical issues that are most trying in society provided the project with a means of revealing the various methodology that is used to both analyze and address these complex issues. As was demonstrated, no single model is without its weaknesses. The same would be true of an eclectic model or some amalgam of models. While moral guidance is available in each model, the task of ethics remains a work in process.

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